	CHEDULE B (FEC FOIIII 3X)	Use seperate schedule(s)		FOR LINI (check on		NUMBER: one)			PAGE 62 / 71		
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	X 23 28b	24 280	. —	25 29	26 30b	
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\rangle	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. Po	· · · · · · · · · · · · · · · · · · ·									
۹.	Full Name (Last, First, Middle Initial) Berkley For Congress Mailing Address 3069 Conquista Court				Transaction ID: 13860354 Date of Disbursement O 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
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5.	Geoff Davis For Congress			Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	Mailing Address 3161 Dixie Highway Suite F										
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J .	Christopher Shays For Congress Committee			Date 0 3	of Disbur M / □		Y Y	0 ŏ 7	Υ		
	Mailing Address Rear Building 98 East Avenue				0.3		13	. 2	0 0 7		
	City Norwalk	State Zip Code CT 06851			Amou	ınt of Eac	h Disburs	ement	this P	eriod	
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